Softball Information Sheet 2015

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Date:			
Organization:			
President's Name:			
Address:			
Phone (Home): (Work): (Cell) :			
(Ceil)			
Alternate Contact P	erson:		
Address:			
Phone (Home): (Work): (Cell) :			
Number of Participants in Organization:			
2014 Male	2014 Female -	2015 Male	2015 Female
Number of Non-Resident Players in Organization:			
	2015 Male	2015 Female	
Number of Corporate Teams in Organization:			
Number of Resident Teams in Organization:			
Type of Play:	Slow Pitch	Modified	
League Starting Da (Accuracy required)		Ending Date:	
Name and type of ball used, including core and compression:			
List any school field	s used:		